

Office of Health Care Assurance
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kalaupapa Care Home	CHAPTER 100.1
Address: 814 Damien Road, Kalaupapa, Hawaii 96742	Inspection Date: December 18, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #1 – "Juven Pwd F/P Pac ½ packet orally twice daily" discontinued on 10/27/20. Reportedly verbal order received to continue medication until on hand supply was exhausted. On hand supply of Juven was reportedly exhausted on 11/1/20. However, medication administration record (MAR) continues to be marked with an initial with circle around it. Order clarification needed.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">The deficiency was corrected when the order was clarified and it is in the record.</p>	02/18/2021

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. FINDINGS Resident #1 – On 10/27/20 Physician's order reads, "D/C Juven", however, medication administration record (MAR) for 10/28/20 – 11/1/20 is initialed as given. No documentation of verbal order that was reportedly given to continue to give resident Juven until the on hand supply was exhausted.	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>RN put in a late entry for a verbal order taken 10/27/20. Late entry dated 2/18/21 reads: "Clarification of v.o. dated 10/27/20: D/C Juven powder ½ packet b.i.d. after current supply of Juven is exhausted".</p>	02/18/2021

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 Records and reports. (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS Resident #1 - Same abbreviation (initials with circle around it) is being used on the Resident's M.A.R. for different indications. Legend not available on M.A.R.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The M.A.R. has been corrected to show that the Juven was discontinued on 10/27/20. The M.A.R.'s incorrect abbreviations (initials with circle around it) has been lined out and replaced with "D/C Juven" and dated "10/27/20". It was also "yellowed out" which indicates that it was discontinued.</p>	<p>02/18/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 Records and reports. (X2)</p> <p>General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS</p> <p>Resident #1 – Same abbreviation (initials with circle around it) is being used on the Resident's MAR for different indications. Legend not available on MAR.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have conducted an in-service training with all nursing staff on the correct use of legends on how they can assist in clarifying entries in the M.A.R. Require that all nursing staff attend this in-service training. All nursing staff must document on the back of the M.A.R. pages (Nurse's Medication Notes) the "rationale" for not giving a medication. All medications not given will have the nurse circle their initials and designate in the legend that this indicates a medication was not given. Under or above the circled initials where space allows, indicate "H" for Held and "R" for refused. "N/A" indicates Not Available. The in-service training by the APRN will cover all of the combined "Plans of Correction" indicated on pages 2-7.</p>	<p>02/18/2021</p>

Licensee's/Administrator's Signature:

John Callaway

Print Name: John Callaway

Date: February 18, 2021